



UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

STARFISH ENTERPRISES INC .,

Plaintiff,

-v-

SAMCHIRA FZE and SAMCHIRA DMCC and GIRISH AGRAWAL, an individual,

Defendant.

CERTIFICATE OF MAILING

07 CV 7339 (DC)

I, J. Michael McMahon, Clerk of Court for the Southern District of New York, do hereby certify that on the

13th Day of November, 2007

I served the

Summons & Verified Complaint

pursuant to the Federal Rule of Civil Procedure 4 (f) (2) (C) (ii) filed and issued herein on the,

16th Day of August, 2007

by mailing via DHL Worldwide Express, pick up scheduled for 500 Pearl Street, New York, N.Y., a copy of each thereof, securely enclosed in a DHL Express Envelope with a prepaid international air bill addressed to:

See attached for listing of Defendants

DHL Express International Waybill Tracking Number:

756 3253 434

A handwritten signature in black ink, appearing to read "J. Michael McMahon".

CLERK

Dated: New York, NY

1 From (Shipper)

Account no. 760514858	Shipper's reference 245-07/RG
Company name FREEHILL HOGAN & MAHAR	
Shipper's name Pamela L. Schultz	

Address
**24TH FLOOR
80 PINE ST
NEW YORK NY.**

Zip code (required)
100051702

Phone/Fax/E-mail circle one (required)
(212)425-1900

2 To (Recipient)

Company name
SANCHITA D MCC

Attention:

Delivery address DHL cannot deliver to a PO Box
**12th fl, MUSALLA TOWER
COMMERCIAL TOWER
KHAN BIN WAHID ROAD
DUBAI United ARAB EMIRATES**

Zip/Postcode (required) Phone/Fax/E-mail circle one (required)

5 Shipper's authorization and signature

We agree that DHL's standard terms apply to this shipment and limit DHL's liability for loss or damage to U.S. \$100. The Warsaw Convention may also apply (see reverse). We authorize DHL to complete other documents necessary to export this shipment. We understand that insurance is available on request, for an extra charge. We agree to pay all charges if the recipient or third party does not pay. We understand that DHL DOES NOT TRANSPORT CASH.

Signature (required)

J.T. Yelin | Date
11/13/07



Quote this shipment number in an inquiry

3 Shipment details

Domestic Services <input type="checkbox"/> USA OVERNIGHT <input checked="" type="checkbox"/> INTERNATIONAL DOCUMENT EXPRESS <input type="checkbox"/> WORLDWIDE PRIORITY EXPRESS <small>Non document shipments/unlimited weight</small>	Payment Options not all options available to all countries <input checked="" type="checkbox"/> Shipper's account <input type="checkbox"/> Recipient <input type="checkbox"/> Third party
WorldMail Services <input type="checkbox"/> APM <input type="checkbox"/> 2nd <input type="checkbox"/> IPA <input type="checkbox"/> ISAL	Acct. No. <input type="checkbox"/> Cash / Check / Credit Card circle one
Special Services extra charges may apply <input type="checkbox"/> SATURDAY DELIVERY <small>(not available to all locations)</small>	No. <input type="checkbox"/> POD <small>Shipper's basic mail for POD (optional)</small>
<input type="checkbox"/> OTHER /	Expires. Type. Shipment Insurance If checked, enter amount below US \$ Insured value

Full description of contents
Legal Documents

International non document shipments only
 Attach original and four copies of a Commercial Invoice
 Declare value for customs (in US \$). Export License No./Symbol (if applicable)

Harmonized Sched. B No. (if applicable)	Type of export If left blank, Permanent is assumed <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> Repair/Return
Shipper's EIN/SSN	These commodities, technology or software were exported from the United States in accordance with the export administration regulations. Diversion contrary to U.S. law prohibited.
Destination duties/taxes If left blank recipient pays duties/taxes <input type="checkbox"/> Recipient <input type="checkbox"/> Shipper <input type="checkbox"/> Other <small>Specify destination approved account number</small>	

4 Pcs/Weight/Size

No. of pieces 1	Weight if DHL Express Doc packaging is used, enter XD XD
Dimensions in inches	
Length	<input type="checkbox"/> x <input type="checkbox"/> x
Width	<input type="checkbox"/> x <input type="checkbox"/> x
Height	<input type="checkbox"/> x <input type="checkbox"/> x
DIMENSIONAL/CHARGED WEIGHT	
CODES	CHARGES Services
Special services	
Insurance	
Drop Box/ Exp. Center	
TOTAL	
TRANSPORT COLLECT STICKER	
PICKED UP BY	
Time	Date